

**State of Connecticut
Office of State Ethics
18-20 Trinity Street
Hartford, CT 06106-1660**

**ANNUAL STATEMENT OF FINANCIAL INTERESTS
For calendar year 2005**

GENERAL INSTRUCTIONS FOR FILERS

- Under Connecticut General Statutes, Section 1-83, a person who, at any time during 2005 or 2006, occupies a position in state government which requires the filing of a Statement of Financial Interests for calendar year 2005 shall do so on or before May 1, 2006, except that a person assuming such position after March 31, 2006 shall file such Statement within 30 days of assuming such position. Each individual filer is required to provide information about themselves and their immediate family. According to Section 1-79 of the Connecticut General Statutes, "Immediate family" is defined as any spouse, children or dependent relatives who reside in the individual's household.
- A person leaving a position which requires the filing of a Statement of Financial Interests will be notified by the Office of State Ethics of the requirement to file a Statement for the portion of the calendar year served. The person must file such statement within 60 days after receipt of notification.
- Per Connecticut General Statutes, Section 1-83, any individual who is unable to provide information required by reason of impossibility may petition the board for a waiver of the requirements.
- Instructions for each section are contained at the beginning of each section. Fill in each section with the information required. If you need additional fields or pages, please photocopy the appropriate page(s) and return them with this form.

1. Filer's Personal Information:

First Name:

Middle Initial:

Last Name:

Phone: ext.:

E-mail:

2. Filer's Spouse's Information:

If you do not have a spouse, please check here: ☐

First Name: MI: Last Name:

Filer Print Name: _____

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3. Filer's Dependent Children's Information:

If you do not have dependent children, please check here: ☐

First Name:	MI:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name:	MI:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name:	MI:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name:	MI:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name:	MI:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

State Position: *(please mark the appropriate area and fill in the additional information)*

4. Filer's Present State Position (2006):

Member of the General Assembly:

☐ Senator

District No. _____

☐ Representative

District No. _____

or

Executive Branch:

State Title:

Check appropriate category and indicate name of agency.

☐ Public Agency Name:

☐ Quasi-Public Agency Name:

5. Filer's Previous State Position: (if applicable) *You should only fill out this section if you held two or more different state positions during 2005 or left state service in 2005.*

Member of the General Assembly:

☐ Senator

District No. _____

☐ Representative

District No. _____

or

Executive Branch:

State Title:

Filer Print Name: _____

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Check appropriate category and indicate name of agency.

☐ Public Agency Name:

☐ Quasi-Public Agency Name:

REAL PROPERTY INSTRUCTIONS

- List all real property and its street address, whether owned by you, your spouse, or dependent children residing in your household, or held in the name of a corporation, partnership, or trust for the benefit of you, your spouse or dependent children residing in your household at any time during the calendar year.
- Property should be listed even if it is subject to a home mortgage.

6. Real Property and Location:

If you have no real property please check here. ☐

Primary Residence:

Street Address:

City:

State:

Zip:

Owner:

Held Directly: Yes ☐ No ☐

If no (i.e., the property is not held directly), please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children.

Held By:

Additional Real Property:

Street Address:

City:

State:

Zip:

Owner:

Filer Print Name: _____

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Held Directly: Yes ☐ No ☐

If no (i.e., the property is not held directly), please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children.

Held By:

Additional Real Property:

Street Address:

City:

State:

Zip:

Owner:

Held Directly: Yes ☐ No ☐

If no (i.e., the property is not held directly), please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children.

Held By:

Additional Real Property:

Street Address:

City:

State:

Zip:

Owner:

Held Directly: Yes ☐ No ☐

If no (i.e., the property is not held directly), please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children.

Held By:

INSTRUCTIONS FOR BUSINESSES WITH WHICH ASSOCIATED

All definitions listed below can be found in **Section 1-79** of the Connecticut General Statutes

- **"Business with which associated"** means any sole proprietorship, partnership, firm, corporation, trust, or other entity through which business for profit or not-for-profit is conducted, in which, at any time during the calendar year, you or a member of your immediate family was a director, officer, owner, limited or general partner, beneficiary of a trust or holder of stock constituting five percent or more of the total outstanding stock of any class. You are **not** deemed to be associated with a not-for-profit entity solely by virtue of the fact that you, or a member of your immediate family, is an **unpaid** director or officer of the entity.
- **"Not-for-profit entities"**: If a not-for-profit entity constitutes a "business with which associated" (see above), disclose it in Section II B. If you or a member of your immediate family is an unpaid director or officer of the not-for-profit entity, you need not disclose said entity.
- **"Immediate family"** means spouse, children or dependent relatives residing in your household.
- **"Officer"** refers only to the president, executive or senior vice-president, or treasurer of such business.
- **"Trust"** means a trust in which, at any time during the calendar year, you or a member of your immediate family had a present or future interest which exceeded ten percent of the value of the trust or exceeded fifty thousand dollars, whichever was less, but shall not include blind trusts. Blind trust means a trust established for purpose of divestment of all control and knowledge of assets.
- **Public Act 04-245** added an additional disclosure requirement for certain persons disclosing a "business with which associated" under any subsection of Section II of the Statement of Financial Interests (SFI). In particular, Public Act 04-245 requires a description of any business affiliation (e.g., partnership, joint ownership, etc.) between a business with which the filer (i.e., you) is associated, as disclosed in Section II, and any one of the following categories of individuals/entities: (1) a lobbyist; (2) a person that the filer knows or has reason to know is doing business with, or seeking to do business with, the State of Connecticut; (3) a person that the filer knows or has reason to know is engaged in activities that are directly regulated by the filer's department or agency; or (4) a business with which such lobbyist or person is associated. If you are disclosing any business, non-profit or trust under Section II of the form, **you should review Form ETH-04-245 and complete it if necessary.**

7. Business with Which Associated:

(If any of the businesses listed are also a source of income in excess of \$1,000, please also list the business in the income section.) Are any of the entities disclosed in the sections below involved in a partnership, joint ownership or other business affiliation with:

- (1) a lobbyist;
- (2) a person that the filer knows or has reason to know is doing business with, or seeking to do business with, the State of Connecticut;
- (3) a person that the filer knows or has reason to know is engaged in activities that are directly regulated by the filer's department or agency, or
- (4) a business with which such lobbyist or person is associated?

☐ Yes ☐ No

If the answer to the question on the previous page is **Yes**, pursuant to Public Act 04-245, please complete a separate disclosure form, **Form ETH-04-245**, attached with this form, and return it, with this form, to the Office of State Ethics, 18-20 Trinity St., Suite 205, Hartford, CT 06106 by May 1, 2006.

Per section 1-83 of the Connecticut General Statutes the following sections must be filled out

8. Businesses:

- ☐ If this section does not apply to you, then please check the box. Otherwise, please fill out the section below:

Name of Business:

Street:

City: State: Zip:

Nature of Business:

Nature of Interest:
(e.g., owner, director, etc.)

Interest Held
By: ☐ Self ☐ Spouse ☐ Other ☐ Joint ☐ Child ☐ Dependent Residing in Household

9. Non-Profit Organizations: (e.g., charity, educational institution, etc.)

- ☐ If this section does not apply to you, then please check the box. Otherwise, please fill out the section below:

Name of Non-Profit Organization:

Street:

City: State: Zip:

Nature of Activity:

Nature of Interest:
(e.g., owner, director, etc.)

Interest Held
By: ☐ Self ☐ Spouse ☐ Other ☐ Joint ☐ Child ☐ Dependent Residing in Household

10. Trusts:

☐ If this section does not apply to you, then please check the box. Otherwise, please fill out the section below:

Name of Trust:

Name of Trustee:

Trustee Address:

Street:

City: State: Zip:

Beneficiary: ☐ Self ☐ Spouse ☐ Other ☐ Joint ☐ Child ☐ Dependent Residing in Household

Per Section 1-83 of the Connecticut General Statutes, please list category or type of sources of income (whether earned or unearned) in excess of \$1,000 per year:

- *Examples of income categories to be included: alimony/child support, award/prize, capital gains, deferred compensation, dividends, gift, interest, lottery winnings, partnership distributions, pension, rent, salary/wages, compensation, social security, unemployment, workers compensation, or other.*

11. Additional Sources of Income:

Category of Income:

Source of Income:
(Only if category of income indicated above was salary, wages or pension)

Recipient: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

Category of Income:

Source of Income:
(Only if category of income indicated above was salary, wages or pension)

Recipient: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

Category of Income:

Source of Income:
(Only if category of income indicated above was salary, wages or pension)

Recipient: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

Per Section 1-83 of the Connecticut General Statutes, please list any interest in securities with a fair market value in excess of \$5,000:

- **INCLUDE:** Stocks, bonds or mutual funds
- **DO NOT INCLUDE:** C.D.s, bank accounts or money-market funds
- **LIST NAMES OF SECURITIES** that had a fair market value in excess of \$5,000 (at any time during the calendar year) owned by you, your spouse or dependent children, or held in the name of a corporation, partnership, or trust for the benefit of you, your spouse or dependent children.
- **SECURITIES** held in a blind trust established for the purpose of divestiture of all control and knowledge of the trust's assets need not be reported here. Report the existence of the trust and the name of the trustee in the Trust section of the form, II B.

12. Securities:If you have no interest in securities, please check here: ☐

Name of Security:

Owner (or Beneficiary

if held by another):

☐ Self☐ Spouse☐ Joint☐ Dependent Residing in Household

Held By:

(e.g., Name of trustee, corporation, etc., if not owned directly)

Name of Security:

Owner (or Beneficiary

if held by another):

☐ Self☐ Spouse☐ Joint☐ Dependent Residing in Household

Held By:

(e.g., Name of trustee, corporation, etc., if not owned directly)

Name of Security:

Owner (or Beneficiary

if held by another):

☐ Self☐ Spouse☐ Joint☐ Dependent Residing in Household

Held By:

(e.g., Name of trustee, corporation, etc., if not owned directly)

LEASES AND CONTRACTS INSTRUCTIONS

- Leases (per section 1-83 of the Connecticut General Statutes, please list each lease with the State held or entered into by you or a "business with which associated.")
- "Lessee" means one who holds property under a lease (i.e. - tenant).
- "Lessor" means one who lets property under a lease (i.e. - landlord).
- Contract (list each contract with the State held or entered into by you or a "business with which associated.")

13. Leases: (List each lease with the State held by you or entered into by you or a "business with which you are associated.")

☐ If you have no leases, please check the box. Otherwise please fill out below:

Is the state agency: ☐ Lessee? ☐ Lessor?

State Agency:

Street:

City: State: Zip:

Length of Lease:

Annual Rent:

14. Contracts: (List each contract with the State entered into by you or a "business with which associated.")

☐ If you have no state contracts, please check the box. Otherwise please fill out below:

State Agency:

Name of Contractor:

Contract ID#:

Contract Amount:

Length of Contract:

Nature of Contract:

CERTIFICATION

1. I Certify, under penalty of false statement, that this Annual Statement of Financial Interests, including the Confidential Addendum, is a complete and accurate statement of the financial interests, during the calendar year 2005, of myself, my spouse and dependent children residing in my household.
2. I UNDERSTAND that if I fail to file an accurate Statement on time I will be subject to a possible penalty of up to \$10,000.
3. I UNDERSTAND that I must file with the Office of State Ethics, within thirty (30) days, a report of the payment or reimbursement of "necessary expenses" for lodging and/or out-of-state travel incurred by me in my capacity as a public official or state employee, for an article, appearance or speech, or for participation at an event, unless the payment or reimbursement is provided by the State of Connecticut, the federal government or another state government.
4. I UNDERSTAND that if I fail to timely file a report of the payment or reimbursement of "necessary expenses" for lodging and/or out-of-state travel, either intentionally or due to gross negligence, I will be required to return the payment or reimbursement and will be subject to a possible penalty of up to \$10,000.
5. I UNDERSTAND that if I answered yes to the question in Section 8 (page 5 of 12), I must complete Form ETH-04-245 (page 11 of 12), sign it and send it to the Office of State Ethics by May 1, 2006, for my filing to be complete.

I have read and agree to the above certification.

Signature:

Date:

Print Name:

FORM ETH 04-245**ONLY FILL OUT THIS FORM IF YOU ANSWERED YES TO QUESTION 7 ON
STATEMENT OF FINANCIAL INTERESTS FORM**

**State of Connecticut
Office of State Ethics
18-20 Trinity Street
Hartford, CT 06106-1660
(860)566-4472**

Form ETH-04-245 Instructions (3/06)

Public Act 04-245 added an additional disclosure requirement for the statement of financial interests (SFI). This requirement only affects filers who disclose a "business with which associated" under any part of Section II of the SFI form, and even then, only if one or more of said "businesses with which associated" are involved in a partnership, joint ownership or other similar business affiliation with another individual or entity that meets certain criteria.

More particularly, if a filer discloses a "business with which associated" (including a non-profit entity and/or trust), *and* that business is engaged in any business affiliation (e.g., partnership, joint ownership, etc.) with any one of the following individuals/entities: (1) a lobbyist; (2) a person that the filer knows or has reason to know is doing business with, or seeking to do business with, the State of Connecticut; (3) a person that the filer knows or has reason to know is engaged in activities that are directly regulated by the filer's department or agency; or (4) a business with which such lobbyist or person is associated, then the filer must provide a description of the business affiliation.

The description should include the type of business affiliation (e.g., partnership, joint ownership, etc.), the name of the business affiliate that meets any one of the above criteria, any other members, partners, etc. of the business affiliation, and the date of the formation of the business affiliation. Lobbyists include communicator lobbyists and client lobbyists. A list of all lobbyists registered in Connecticut may be viewed on-line on the Office of State Ethics website: www.ct.gov/ethics, by clicking on *Lobbyist Information* and then *Reports* and then *Lobbyist List*. The term "person" includes individuals, as well as other business and organizational forms such as sole proprietorships, trusts, corporations, limited liability companies, unions, associations, firms, partnerships, committees, clubs, and other organizations or groups of persons.

If you have more than one business affiliation that requires disclosure under Public Act 04-245, please copy the form and complete a separate form for each such business affiliation.

Description of Business Affiliation Required by Public Act 04-245:

Name of filer's "business with which associated" as identified in Section II of Form ETH-3:

Type of business affiliation requiring disclosure (e.g., partnership, joint ownership, etc.):

Nature of business affiliation's business:

Date of formation of business affiliation:

Name, address, and percentage interest of each partner, member, owner, etc. of above-referenced business affiliation:

Name	Address	Percent Interest	Category of regulated person (e.g., lobbyist, person doing/seeking state business, engaged in regulated activity, business affiliation of one of the above, or not applicable)

I hereby certify, under penalty of false statement, that the information on form 04-425 supplied by me is true and complete.

Signature_____
Printed Name_____
Date_____
Public/Quasi-Public Agency Name_____
Daytime Phone No.

**INSTRUCTIONS FOR FORM ETH-3A
(Confidential Addendum to Annual Statement of Financial Interests)
Conn. Gen. Stat. §1-83; Regs. Conn. State Agencies §1-81-2 et. seq.**

CONFIDENTIAL ADDENDUM INSTRUCTIONS

THE LAW PROVIDES that this section shall, unless you request otherwise, be confidential and not open to public inspection.

IT MAY BE USED BY THE OFFICE OF STATE ETHICS only after a complaint has been filed under Section 1-82, and the Citizen's Ethics Advisory Board has determined the complaint to be of sufficient merit and gravity to justify unsealing the form.

IF THE OFFICE OF STATE ETHICS REPORTS ITS FINDINGS to the Chief State's Attorney for any action deemed necessary, the Office of State Ethics will turn over to the Chief State's Attorney such relevant information contained in the respondent's Confidential Addendum as may be germane to the specific violation or violations or a prosecutorial official may subpoena such statement in a criminal action.

- I. List the Name(s) and Address(es) of Creditors** (includes mortgagees) to whom you, your spouse, or a dependent child, individually, owed a debt or debts of over \$10,000 in 2005. Examples of debts include but are not limited to: home mortgage, car loans, credit card debt.

If you have no creditors, please check here: ☐

Name of Creditor:

Street:

City: State: Zip:

Name of Creditor:

Street:

City: State: Zip:

Name of Creditor:

Street:

City: State: Zip:

CERTIFICATION

The information on this form is certified, under penalty of false statement, to be true and complete.

Signature	Position Held in 2005	Date Signed

If you have filled out a confidential Addendum please deliver or send it to the Office of State Ethics in the format below.

***Please be sure that the sealed envelope is clearly and distinctly marked as
CONFIDENTIAL ADDENDUM***

CLEARLY PRINT INFORMATION

CONFIDENTIAL ADDENDUM

Name: _____

Position: _____

Agency: _____